VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

June 25, 2019

Ms. Jessica Jennings, Manager
The Residence At Shelburne Bay East
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 28, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1009	A. BUILDING: _____ B. WING _____	C 05/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY EAST	185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of a complaint was conducted by the Division of Licensing & Protection on 5/28/2019. There was a regulatory deficiency identified as a result of the investigation. Findings include:	R100	Initial comments: The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of the lives of our residents.	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review, observations, and interviews the facility failed to assure that the Care Plan for two residents (Resident #1 & #2) reflected the the care and services necessary to meet resident needs as identified in the resident assessment. Findings include: 1). Per record review of Nurses Notes, Resident #1 had episodes of extreme weakness after a sudden decline. It was suspected by staff that the resident had developed a Urinary Tract Infection (UTI) but, due to the increasing resistance to care and combativeness, had been unable to obtain a urine sample. Additionally throughout the notes there is indication of frequent bruising of unknown origin and skin tears. In a review of the Care Plan, the resident's previous status as	R145	R145 The care plans for residents #1 and #2 were updated to reflect the current resident status. In order to ensure that the deficient practice does not recur, all nurses will receive a refresher on care plan updates and timeliness of entries. The RCD and/or designee will review and revise 8 care plans per month, for 2 months to ensure that the care plans are being updated to reflect the current status of any given resident. The corrective actions will be monitored by the RCD to ensure the deficient practice does not recur. The RCD will audit the selected care plans to check for accuracy and timeliness of updates. The corrective actions will be completed by July 25, 2019	

R145 POC accepted 6/20/19 mHiggins RA/PMC

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R145	Continued From page 1 independent in transfers and ambulation and eating were still present. Also the status in Bathing, Dressing, and Toileting were also unchanged. Though there are Skin Risk and Actual Skin Impairment, the bruising is not addressed in the Care Plan. In interview on 5/28/19 at 3:15 PM the Health Care Director (HCD) confirmed that the care plan was not reflective of the resident's current physical status. 2). Per record review Resident #2 had a prosthetic eye. A Nurses Note indicates that the resident's prosthetic eye no longer fits correctly and sinks and moves. It states that the nurse readjusted the position of the eye for a more comfortable fit. There is no notation in the Care Plan regarding a prosthetic eye and the need to assist the resident with repositioning in the event that it migrates out of position. In interview on 5/28/19 at 3:35 PM the Health Care Director (HCD) confirmed that the care plan was not reflective of the resident's current physical status.	R145		